MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registration District No. Primary Registration District No. DO NOT WRITE AMENDED ************************* ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY VS 300 Mo. admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits rown St. Louis, Missouri St. Louis TOWN 15 years Yes 🔂 No 🗌 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits (If cutside, give location) d. STREET Reside on Farm **ADDRESS** 5804 Pernod PAT INSTITUTION Yes 🖸 No 🖸 5804 Pernod Yes 🔲 No 🂢 Atiddle 3. NAME OF DECEASED 4. DATE (Type or print) OF DEATH Porta Adele Arbini November 29: 1963 9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married \square Never Married □ B. DATE OF BIRTH Months Widowed XIX Divorced [87 8-12-76 2 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.A. (NAT.) Milan, Italy housewife own home FOLLOW 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME Louis Arbini (Dec.) Andrew Porta Ephemia Neboloni Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT (Yes, no, or unknown) | (If yes, give war or dates of servi-Mrs. Andreia Ray 5804 Pernod ARE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line to: (a), (b), and (c) DOCUMENT ONSET AND DEATH 10 Adenocarcinoma of the Stomach 6 months RECORD IMMEDIATE CAUSE (a) 11 NSTEAD 5 vears Arteriosclerotic Heart Disease Conditions, If any,) which gave rise to abova cause (a), stating the under-13 DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the PART III. If deceased was there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS No ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in PART 1 or PART 11 of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO XX WEDICAL Month, Day, Year 20c. TIME, OF Hou RIBBON INJURY a.m. p.m. USE BLACK INK 20e. PLACE OF INJURY (a.g., in or about home, 20f. CITY, TOWN, OR LOCATION STATE 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK *IYPEWRITER* READ Nov. 29,1963 last saw her him alive on June 21. I attended the deceased from 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 22a. SIGNATURE 히 12.2.63 365h S. Grand Blvd. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23b. DATE 23a, BURIAL, CREMATION, Š REMOVAL (Specify) Resurrection Cemetery . Louis County 25. DATE RECD: BY LOCAL REG. TEM 24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER ...

· 1987年 - 李红夏

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If this body is not embalmed, fact should be so stated above.